#### **MEMORANDUM**

Agenda Item No. 11(A)(28)

TO:

Honorable Chairman Bruno A. Barreiro

and Members, Board of County Commissioners

DATE:

March 6, 2007

FROM:

Murray A. Greenberg

County Attorney

**SUBJECT**: Resolution retroactively

authorizing in-kind services for seminars for substance abuse recovery sponsored by

Nuevo Caminar

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Rebeca Sosa.

> Greenberg County Attorney

MAG/dcp

(Revised)

7	`	

Honorable Chairman Bruno A. Barreiro

DATE:

March 6, 2007

and Members, Board of County Commissioners

FROM:

Murray A. Greenber

County Attorney

SUBJECT: Agenda Item No. 11(A)(28)

Ple	ease note any items checked.
	"4-Day Rule" ("3-Day Rule" for committees) applicable if raised
	6 weeks required between first reading and public hearing
	4 weeks notification to municipal officials required prior to public hearing
<del></del>	Decreases revenues or increases expenditures without balancing budget
	Budget required
<del></del>	Statement of fiscal impact required
<del></del> .	Bid waiver requiring County Manager's written recommendation
	Ordinance creating a new board requires detailed County Manager's report for public hearing
	Housekeeping item (no policy decision required)
	No committee review

Approved	Mayor	Agenda Item No.	11(A)(28)
Veto		03-06-07	
Override			

#### RESOLUTION NO.

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE NOVEMBER 10-12, 2006 AND JANUARY 26-28, 2007 SEMINARS FOR SUBSTANCE ABUSE RECOVERY, AND AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE APRIL 27-29, 2007 AND JULY 27-29, 2007 SEMINARS FOR SUBSTANCE ABUSE AND RECOVERY, SPONSORED BY NUEVO CAMINAR, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$4,808.00 TO BE FUNDED FROM THE COUNTYWIDE IN-KIND RESERVE FUND

WHEREAS, Nuevo Caminar has requested in-kind services from the Miami-Dade Park and Recreation Department for the November 10-12, 2006, January 26-28, 2007, April 27-29, 2007, and July 27-29, 2007 Seminars for Substance Abuse Recovery in an amount not to exceed \$4,808.00 (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, Nuevo Caminar is a not-for-profit organization; and

WHEREAS, the Seminars for Substance Abuse Recovery are small events, as that term is defined in the attached Fee Waiver/In-Kind Service Application, and the in-kind services shall be funded from the Countywide In-kind Reserve Fund,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Miami-Dade Park and Recreation Department for the November 10-12, 2006 and January 26-28, 2007 Seminars for Substance Abuse Recovery and authorizes in-kind services from the Miami-Dade Park and Recreation Department for the April

-

Agenda Item No. 11(A)(28) Page No. 2

27-29, 2007 and July 27-29, 2007 Seminars for Substance Abuse Recovery in an amount not to exceed \$4,808.00 to be funded from the Countywide In-kind Reserve Fund.

The foregoing resolution was sponsored by Commissioner Rebeca Sosa and offered by

Commissioner , who moved its adoption. The motion was seconded by

Commissioner and upon being put to a vote, the vote was as follows:

Bruno A. Barreiro, Chairman Barbara J. Jordan, Vice-Chairwoman

Jose "Pepe" Diaz Carlos A. Gimenez Joe A. Martinez Dorrin D. Rolle Katy Sorenson Sen. Javier D. Souto Audrey M. Edmonson Sally A. Heyman Dennis C. Moss Natacha Seijas Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this  $6^{th}$  day of March, 2007. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By:		•
	Deputy Clerk	

Approved by County Attorney as to form and legal sufficiency.

MR

Monica Rizo

## COMM SOSA MAIN OFF. AMI-DADE COUNTY FEE WAIVERIN-KIND SERVICES APPLICATION

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Events Staff Communications Department 111 N.W. 14 Street, Suite 2510 Miami, FL 33128 Phone: (305) 375-2836 Fax: (305) 375-3968

Ty	pe of Event/Application	(select one of the following):
	District Event -	Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
4	Small Event	Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
	☐ Special Event •	Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and autimit form no later than 60 days prior to event date.)
	□ Major Event -	Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandatism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)
1.	Full legal name of the	requesting organization. NUCOO CAMPAIN 27-C
2	Applicant Status: (Se	lect one of the choices below)
	Non-Fo	or-Profit or Tax Exempt
		(Sponsored Event/Sponsoring Department
3.		cornation for single point of contact (address, phone, fax, e-mail address, etc.)://////////
	7276	95+ HE FE 33010 305 976 720
4.	Specify fee walver or	in-kind service requested (quantity, if applicable): Fee & CALVEN FOR.
	Clser	OF Coup Gregnolos
5.	Name, date of event,	description, and purpose of the event (if event is a fund-raiger, define the beneficiaries):
	Seate	MAR 2006 NOV 10,11,12
	-Specia	AC ZERINARY FOR RECOVERY SUBSTANCE
	_AB	250 Canty asing
£.	Please select ALL that	apply to event
	Youth/E	tic Development: Event supports vitably or growth of the local economy ducation. Event benefits youth of any age and/or offers educational benefits
	of life w	and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality iffilm the community
		<u>Culture:</u> Event supports music, theatre, literature, an or culture ments!; Event benefits environmental concerns or promotes conservation
	Sports a	and Athletics; Event supportal promotes organized sports or recreational participation
7.	Physical address of ev	vent venues (please specify Commission District(s)): OVEYNODS MANY
Poge 1	115 30	most mille that the 12 to 12160.
Revierd	: 16/7/2003	

5

COMM SOSA MAIN OFF. MIAMI-DADE COUNTY FEE WAIVERIN-KIND SERVICES, APPLICATION

8.	Description of regional or local impact: Sekiller TO Local Grands Tee
9,	Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):  LOV 2006 Frankly III Sflery FO Surfly 12 3 flery
10.	Detailed description of event venues (map or schematic of event venues, access points, surrounding madways and traffic flow diagrams, i applicable)
11.	Expected number of participants and estimated attendance (per day, if applicable):
12.	lienized budget, including total event budget, total budget of host argenization, if applicable, and total commitment of resources (sitach additional pages as needed):
/	reby cartily that all the statements made in this application are true and correct.  Statement of Authorized Representative
Dale	

Major 2 34 2 Rodeld: 10/8/2003

### OFF. MAMI-DADE COUNTY FEE WAIVERIN-KIND SERVICES APPLICATION

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Evente Staff Communications Department 111 N.W. 1ª Streat, Suita 2510 Miami, FL 33128 Phone: (305) 375-2836 Fax: (305) 375-3968

Type of Event/Application (select one of the following): Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be District Event submitted to the eppropriate District Commissioner within two days of receipt of application.) Small Event -Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and Event with expected attendance of less than 5,000 with localized impact limited to an individual community or Special Event municipality (Complete questions 1-12, sigh, date and autimit form no later than 60 days prior to event date.) Major Event -Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vancalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.) Full legal name of the requesting organization: Applicant Status: (Select one of the choices below) Not-For-Profit of Tax Exempt Local Government or Public Entity For-Profit County Sponsored Event/Sponsoring Department Other (specify): (addraes, phose, fax, e-mail address, elc.): Specify fee walver or in-kind service requested (quantify, if applicable): Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the baneficiaries): Please select ALL that apply to event: Economic Development: Event supports vitably or growth of the local economy Youth/Education: Event benefits youth of any age and/or offers educational benefits Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community Arts and Culture: Event supports music, theatre, literature, art or culture Environmental: Event benefits environmental concerns or promotes conservation Sports and Athletics: Event supports/promotes organized sports or recreational participation Physical address of event venues (please spedify Commission District(s)):

Popo 1 of 1 Revised: 19/2/2003

8.	Description of regional or local Impact: Selline To Little Conjunction
<b>9</b>	Daily/houriy eyent schedule, including set-up and breakdown schadule (attach exent calendar, if applicable);
10.	Detailed description of event vehues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagram applicable)
11.	Expected number of participants and estimated attendance (per day, if applicable):
12.	Itemized budget, including total event budget, total budget of nest organization, if applicable, and total commitment of resources (attach additional pages as needed):
Ther	eby certify that all the statements made in this application are true and correct.

140×20€2 Revised: 10/8/2003

#### NOV. 9. 2006 4:34PM COMM SOSA MAIN OFF. HAMI-DADE COUNTY FEE WAIVER/IN-KIND SERVICES APPLICATION

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMIDADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested metanals, if applicable, to:

Special Events Staff Communications Department 111 N.W. 14 Street, Suite 2510 Miami, FL 33128 .

Phone: (305) 375-2836 (305) 375-3968 Fax:

Ту	pe of Event/Application	(select one of the following):
	District Event -	Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
_	Small Event -	Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and
	☐ Special Event -	date.) Event with expected attandance of less than 5,000 with localized impact limited to an individual community or
	☐ Major Event -	municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)  Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)
1.	Full legal name of the	requesting organization: Wedo Capacada 4-C
2	Applicant Status: (Se	ect one of the choices below)
	For-Pr	
		/ Sponsored Event/Sponsoring Department
3.		cirmation for single point of contact (address, phone, fax, e-mail address, etc.):
	721 6	951 HE FE 33010 305 7967202
	F.J. Samuel	· · · · · · · · · · · · · · · · · · ·
. <b>4.</b>	Specify fee walver or	in-kind service requested (quantify, if applicable): Fee Eldiver Fee-
	UZ UI	CAUR Gregovos-
5.	Name, damoof event,	rescription, and purpose of the event (if event is a fund raiser, define the hemeficiarios):
	ENIN	185 to the APRIC 200/ 27, 78, 75
	Thee!	a selferion for hecovery Site four
	ABUSE	Guste Wille
6.	Please sciect ALL that	apply to event:
	Youth/E	tic Development. Event supports vitality or growth of the local aconomy. iducation: Evant benefits youth of any age and/or offers educational benefits and benefits and supports health-related causes and/or social programs or institutions that improve quality.
		ithin the community Culture: Event supports music, theatre, liberature, an or culture
	Enviros	mental: Event benefits environmental concerns of promotes conservation
		and Athletics: Event supports/promotes organized sports or recreational participation
<b>7</b> .	Physical address of ev	ent venues (please specify Commission District(s)):
	175-3	0 W8+ DIKE Hay 14/3 16 33/60
Page 1 c	of it	

# NOV. 9. 2006 4:35PM COMM SOSA MAIN OFF...JAMI-DADE COUNTY FEE WAIVERIN-KIND SERVICES APPLICATION

8.	Description of regional or local impact: State To Google
	Comon fee.
9.	Daily/Incurriy event schedule, including set-up and breakdown schadule (attach event calendar, If applicable):  ANE 27, 28, 29 27 April 2014 4 19 10 27 5
10.	Datailed description of event venues (map or schematic of event venues, access points, surrounding madways and traffic flow diagrams, if applicable):
11.	Expected number of participants and estimated attendance (per day, if applicable):
12.	Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed):
	eby certify that all the statements made in this application are true and correct.
li tibe	

14go 2 582 Rempol: 19/8/2009

### COMM SOSA MAIN OFF. MAINDADE COUNTY FEE WAIVERIN-KIND SERVICES APPLICATION

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIGNERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Flease complete the following form and submit completed form along with requested meterials, if applicable, to:

Special Evente Staff Communications Department 111 N.W. 14 Streat, Suite 2510 Miami, FL 33128 Phone: (305) 375-2836 (305) 375-3968 Fax:

Туре о	f EventAp	plication	(select one of the following):
	- Promes	Event -	submitted to the appropriate District Commissioner within two days of receipt of application.)
	Small E	· inev	Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
	l Special	Event-	= ·= · ·
. 🗅	. Intellet =		Large Event with expected attendence of over 5,000 or significant probability of protests, controversy, violence or vandatism (Complete questions,1-12, sign, date and submit form no later than 120 days prior to event date.)
i. Fu	ıll feçal nar	ne of the	requesting organization: Wevo Casse JAN 4-C.
Z Ap	plicant Sta	áus: (Sel	ectione of the choices below)
ı		Not-Fo	r-Profit or Tax Exempt
		County	Sponsored Event/Sponsoring Department
	u	-	specify);
Ne	me and co	nlact Info	ermation for single point of contact (address, phone, fax, e-mail address, etc.): MAMON CASR 20
			7 th fr. 33010 35176 7202
. Spa	ecify fee w	alver or i	n-kind service requested (quantity, if applicable): Fee GALLER FOR
C	15e		OF COM Exequelos-
. Nai	na maten	favent c	escription, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
	<u> S</u>	411	A July 2007 27 28:29
			a seemen for herovery solos form
_	1	D-C	
	ID.	22	5.82
Pic	ase select	ALL that	apply to event
		Econom Youth/E	ic Development: Event supports vitality or growth of the local economy ducation: Event benefits youth of any age and/or offers educational benefits
		Health &	nd Social Services: Event supports health-related causes and/or social programs or institutions that improve quality thin the community
		Arts and	Culture: Event supports music, theatre, literature, art or culture
•	ධ ධ		negital: Event benefits environmental concerns or promotes conservation rd Athletics: Event supportal promotes organized sports or regreational participation
	<b>-</b>	opule a	to Annetics. Even supported invitores organized sports or respectional participation
Phy	rsical addr	eas of ev	ent venues (please specify Commission District(s)):
	17	30	Wat Dily 1001 1000 33/60
a 1 ge i			The state of the s

MIAMI-DADE COUNTY FEE WAIVERIN-KIND SERVICES APPLICATION

8.	Description of regional or local Impact: Selline 10 Course Conjunction
9.	Dailybourly event schedule, including set-up and bleakdown schadule (altach event calendar, if applicable):
10,	Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable):
	The state of the s
11,	Expected number of participants and estimated attendance (per day, if applicable): 68
12.	Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed):
Then	eby certify that all the statements made in this application are true and correct.
Fight	attré of Authorized Representative

Memorandum 5

Date:

March 6, 2007

To:

Honorable Chairman Bruno A. Barreiro

and Members. Board of County Commissioners

George

From:

County Manager

Subject:

Countywide In-Kind Reserve Request Recommendation

The Office of Strategic Business Management (OSBM) has reviewed the attached in-kind request and recommends for the item to move forward to the Board of County Commissioners for consideration. The countywide in-kind reserve balance allows for the funding of this request.

#### **Background**

Two retroactive waivers for in-kind services are being requested as well as two additional in-hid services requests from a not-for-profit organization Nuevo Caminar for retreats for recoveryof substance abuse at Greynolds Park held on November 10-12, 2006, January 26-28, April 27-29, and July 27-29, 2007.

In-kind services have been requested in an amount not to exceed \$4,808 from the Park and Recream Department for use of the campground at Greynolds Park. The countywide in-kind reserve will find this request.

In FY 2006-07 Nuevo Caminar has not received any County funding.

inkind04407